

(3) Services for individuals with speech, hearing and language disorders are limited to eligible EPSDT recipients.

- e. Services provided by a Home Health Agencies which are covered under the State Plan and authorized in the patient treatment plan may not exceed in total 36 visits per year per recipient, unless prior authorization is given by the State Agency.

The 36 visit limitation includes services performed by all disciplines included in the Medicare certification of a home health agency which are certified by a physician as medically necessary in the patient's treatment plan.

8. Private Duty Nursing Services

All requests for private duty nursing must be prior authorized by the State Agency. Private duty nursing is available only for recipients who require more individual and continuous care than is routinely provided by a Visiting Nurse Association or routinely provided by a skilled nursing facility or hospital.

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8. Private Duty Nursing Services

All requests for private duty nursing must be prior authorized by the State Agency. Private duty nursing is available only for recipients who require more individual and continuous care than is routinely provided by a Visiting Nurse Association or routinely provided by a skilled nursing facility or hospital.

9. Clinic Services

- a. Surgical procedures for cosmetic purposes (except for emergency repair of accidental injury) will be provided only by prior authorization issued by the State Agency.
- b. Dental or oral surgery services will be limited to the emergency repair of accidental injury to the jaw and related structures.
- c. Clinic services include day treatment services.
- d. Reimbursement for induced abortions is provided only in cases where the life of the mother would be endangered if the fetus were carried to term, or the pregnancy occurred as a result of rape or incest, and when the claim is accompanied by the following documentation:
  1. Documentation that services were performed by a provider licensed to provide such services; and
  2. Written documentation from the treating physician that the life of the mother would be endangered if the fetus were carried to term; or
  3. Documentation that the pregnancy occurred as a result of rape or incest. For purposes of this requirement, documentation may consist of official reports; a written certification from the patient that the pregnancy occurred as a result of rape or incest; or certification from the physician that in his or her professional opinion, the pregnancy resulted from rape or incest.

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Reimbursement shall be made according to the fee schedule amount and shall cover all services related to the procedure including physician fee(s), laboratory fee(s) and counseling fee(s).

10. Dental Services

- a. Dental services are limited to EPSDT recipients.
- b. Any dental service that requires inpatient hospitalization must be prior authorized by the State Agency.
- c. Elective surgery procedures requiring general anesthesia must be prior authorized by the State Agency.
- d. Surgical procedures for cosmetic purposes are not covered.
- e. Fixed bridge work services are not covered.
- f. Only one (1) general dental examination per patient by the same dentist within a twelve (12) month period is covered.
- g. Full mouth x-rays are limited to one (1) every two (2) years per patient by the same dentist.
- h. Prophylaxis is limited to twice per year per patient by the same dentist. Deep scaling is limited to once per year per patient per dentist.
- i. Services are limited to those published in the official fee schedule. Services not listed require individual consideration from the State Agency.

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Supersedes ~~86-8~~ 86-C

State District of Columbia

Supplement to Attachment 3.1A

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11. Physical Therapy and Related Services. Physical therapy and related services shall be defined as physical therapy, occupational therapy and speech-language pathology services. These services shall be prescribed by a physician and be part of a written plan of care. All practitioners of these services shall be required to meet District and federal licensing and/or certification requirements.

- a. Physical therapy is provided only as an element of hospital inpatient or outpatient care, nursing facility care provided in an intermediate care facility, services provided to children by the District's school system by qualified therapists, or through a home health agency by qualified therapists.

Only physical therapy services meeting all the following requirements shall be reimbursed by the program:

1. Physical therapy services shall be directly and specifically related to a plan of care written by a physician after consultation with a licensed physical therapist;
2. The condition of the patient shall be such, or the services shall be of a level of complexity and sophistication that the services can be performed only by a licensed physical therapist or a physical therapy assistant or aide under the supervision of a licensed therapist. Services provided by a physical therapy assistant or aide shall be limited to those allowed under District legislation and shall be provided under the supervision of a licensed therapist who makes an on-site supervisory visit at least once each week. This visit shall not be reimbursable; and
3. The services shall be of reasonable amount, duration and frequency and shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice.

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- b. Occupational therapy is provided only as an element of hospital inpatient or outpatient care, nursing facility care provided in an intermediate care facility, services provided to children by the District's school system by qualified therapists, or through a home health agency by qualified therapists.

Only occupational therapy services meeting all the following requirements shall be reimbursed by the program:

1. Occupational therapy services shall be directly and specifically related to a plan of care written by a physician after consultation with an occupational therapist licensed by the District and registered and certified by the American Occupational Therapy Certification Board;
2. The condition of the patient shall be such, or the services shall be of a level of complexity and sophistication that the services can be performed only by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed therapist. Services provided by a licensed occupational therapy assistant shall be provided under the supervision of a licensed therapist who makes an on-site supervisory visit at least once every two weeks. This visit shall not be reimbursable; and
3. The services shall be of reasonable amount, duration and frequency and shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice.

- c. Services for individuals with speech, hearing and language disorders are services provided by a speech pathologist or audiologist provided as an element of services provided to children by the District's school system by qualified therapists and to eligible EPSDT recipients only.

Only occupational therapy services meeting all the following requirements shall be reimbursed by the program:

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1. The services shall be directly and specifically related to a plan of care written by a physician after any needed consultation with a speech-language pathologist meeting the requirements of 42 CFR 440.110(c);
2. The condition of the patient shall be such, or the services shall be of a level of complexity and sophistication such that the services can be performed only by a speech-language pathologist who meets the qualifications in number 1. The program shall meet the requirements of 42 CFR 405.1719(c). At least one speech-language pathologist must be present at the time speech-language pathology services are being provided; and
3. The services shall be of reasonable amount, duration and frequency and shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice.

d. Documentation Requirements

Documentation of physical and occupational therapy and speech-language pathology services provided by a hospital-based outpatient setting, home health agency, the District's school system or a rehabilitation agency shall, at a minimum:

1. describe the clinical signs and symptoms of the patient's condition;
2. include a complete and accurate description of the patient's clinical course and treatments;
3. document that a plan of care based specifically on a comprehensive assessment of the patient's needs has been developed for the patient;
4. include a copy of the plan of care and the physician's orders;

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5. include all treatment rendered to the patient in accordance with the plan of care, providing information on the frequency, duration, modality and response and identify who provided the care by full name and title;
  6. describe changes in the patient's condition in response to the services provided through the rehabilitative treatment plan;
  7. except for schools, describe a discharge plan which includes the anticipated improvements in functional levels, the time frames necessary to meet these goals and the patient's discharge destination; and
  8. for patients under the care of the schools, include an individualized education program (IEP) which describes the anticipated improvements in functional level in each school year and the time frames necessary to meet these goals.
- e. Service limitations. The following general requirements shall apply to all reimbursable physical and occupational therapy and speech-language pathology services:
1. Patients must be under the care of a physician who is legally authorized to practice and who is acting under the scope of his/her license;
  2. Services shall be furnished under a written plan of treatment that is established and periodically reviewed by a physician. The services or items for which reimbursement is sought must be necessary to carry out the plan of treatment and must be related to the patient's condition;
  3. A physician recertification shall be required periodically; shall be signed and dated by the physician who reviews the plan of treatment; shall indicate the continuing need for the service and estimate how long services will be needed; and, must be available when the plan of treatment is reviewed by the Medicaid program;

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- 4.4. The physician orders for therapy services shall include the specific procedures and modalities to be used, identify the specific discipline to carry out the plan of care and indicate the frequency and duration of services;
- 4.5. Utilization review shall be conducted by the medicaid program or its agent to determine whether services are appropriately provided and to ensure that the services are medically necessary and appropriate. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and shall not be reimbursed; and
- 4.6. Physical therapy, occupational therapy and speech-language services are to be terminated regardless of the approved length of stay (or service) when further progress toward the established rehabilitation goal is unlikely or when services can be provided by someone other than the skilled rehabilitation professional.

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11. Physical Therapy and Related Services

- a. Physical therapy is provided as long as it is a part of a plan of treatment and provided in a hospital, skilled care facility, intermediate care facility or provided by a local school division employing qualified therapists. Services in a health agency are provided to EPSDT eligible recipients.

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- b. Occupational therapy is provided as long as it is a part of a plan of treatment and provided in a hospital, skilled care facility, intermediate care facility or provided by local school division employing qualified therapist. Services in a home health agency are provided to EPSDT eligible recipients.

- c. Services for individuals with speech, hearing and language disorders are limited to eligible EPSDT recipients, and are provided by a local school division employing qualified therapists.

12. Prescribed Drugs, Dentures and Prosthetic Devices and Eyeglass

a. Prescribed Drugs

- (1) Prescribed drugs are limited to legend drugs approved as safe and effective by the Federal Food and Drug Administration and those over-the-counter medications which fall into the following categories:

- (a) Ora Analgesics ethically advertised;
- (b) Ferrous sulfate;
- (c) Antacids ethically advertised;
- (d) Diabetic preparations;
- (e) Family planning drugs and supplies;
- (f) Pediatric, prenatal and geriatric vitamin formulations; and
- (g) Senna extract, single dose preparations when required for diagnostic radiological procedures performed under the supervision of a physician.

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- (2) Covered outpatient drugs acquired from provider pharmacies require:
- (a) Pharmacists to discuss with each Medicaid recipient presenting a prescription -- unless the offer is refused -- matters which, in the pharmacist's professional judgement, are deemed significant. Counseling regulations which define the offer to discuss, require that refusals are to be documented.
  - (b) Pharmacists may discuss, but are not limited to, the following:
    - o Name and description of the medication;
    - o Common severe side effects, adverse effects or interactions, and therapeutic contraindications;
    - o Techniques for self-monitoring;
    - o Proper storage;
    - o Refill information; and
    - o Actions in the case of a missed dose.
  - (c) Pharmacists to make a reasonable effort to obtain, record and maintain reasonable information on Medicaid patients receiving prescriptions. Profiles are to include at least the following information:
    - o Patient name, age, gender address and phone number;
    - o Individual patient history, where significant, including a comprehensive list of medications and devices, and
    - o Pharmacist comments.
- (3) All anorexic drugs (amphetamine and amphetamine like) are eliminated as reimbursable pharmaceuticals except for diagnosed conditions of narcolepsy and minimal brain disfunction in children.
- (4) Prior authorization is required for the dispensing of the following prescribed drugs:

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